

PATENT APPLICATION

#5

In the United States Patent and Trademark Office

Applicant: Kolacz et al.

Docket No.: TASKFOR-11

Date: July 11, 2000

Application No.: 09/516,076

Filed: March 1, 2000

Art Unit: 3752

Examiner:

For: PIVOTING FLUID CONDUIT JOINT AND ONE-WAY BRAKE

Certificate of Mailing

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Attn: Office of Initial Patent Examination's Customer Service Center, Assistant Commissioner for Patents, Washington, D.C. 20231

On July 11, 2000

Signature

Jeffrey W. Smith, Reg. No. 33455

Name of Applicant, assignee or Registered Representative

REQUEST TO CORRECT ERRONEOUS RECORD ON FILING RECEIPT

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Assistant Commissioner for Patents
Washington, D.C. 20231**

Dear Sir:

Responsive to the Filing Receipt received June 5, 2000, Applicants hereby respectfully request that the following error be corrected:

The Fourth Inventor's Residence should be **LaPorte, Indiana**.

A copy of the Filing Receipt with the change noted (in red) thereon is enclosed.



Respectfully submitted,

Jeffrey W. Smith

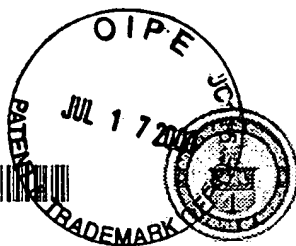
Jeffrey W. Smith, Reg. No. 33455
Attorney for Applicant
LATHROP & CLARK LLP
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P.O. Box 1507
Madison, Wisconsin 53701-1507
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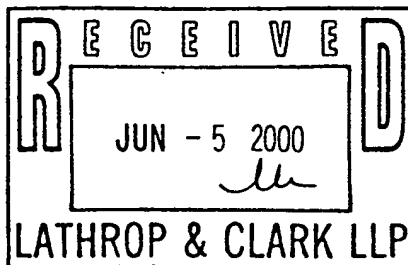
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/516,076	03/01/2000	3752	820	TASKFOR-11	5	14	3

020455
LATHROP & CLARK LLP
740 REGENT STREET SUITE 400
P.O. BOX 1507
MADISON, WI 537011507

Date Mailed: 05/30/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

David J Kolacz, Plymouth, IN ;
Ross Mack, Valparaiso, IN ;
Robert W Steingass, Valparaiso, IN ;
Brian M Tylisz, ~~Valparaiso, IN~~; LaPorte, IN;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 04/27/2000

Title

Pivoting fluid conduit joint and one-way brake

Preliminary Class

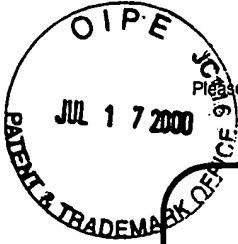
239

Data entry by : HINES, BRENDA

Team : OIPE

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<h2>TRANSMITTAL FORM</h2> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/516,076
	Filing Date	March 1, 2000
	First Named Inventor	David J. Kolacz
	Group Art Unit	3752
	Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number TASKFOR-11

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	*Request to Correct Erroneous Record on Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	*Copy of Filing Receipt received June 5, 2000
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 15-0660.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey W. Smith, Reg. No. 33455
Signature	<i>Jeffrey W. Smith</i>
Date	July 11, 2000

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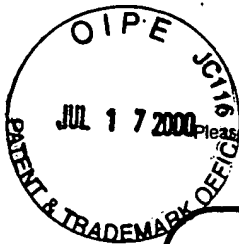
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Bib Data Sheet

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SERIAL NUMBER 09/516,076	FILING DATE 03/01/2000 RULE -	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. TASKFOR-11
APPLICANTS David J Kolacz, Plymouth, IN ; Ross Mack, Valparaiso, IN ; Robert W Steingass, Valparaiso, IN ; Brian M Tylisz, LaPorte, IN ;				
** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/27/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 14
INDEPENDENT CLAIMS 3				
ADDRESS 020455				
TITLE Pivoting fluid conduit joint and one-way brake				
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	First Named Inventor	David J. Kolacz
	Group Art Unit	3752
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number TASKFOR-11	

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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 15-0660.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey W. Smith, Reg. No. 33455
Signature	<i>Jeffrey W. Smith</i>
Date	<i>July 11, 2000</i>

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Signature	<i>Jeffrey W. Smith</i>
Date	<i>July 11, 2000</i>

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